PROFESSIONAL'S INSPECTION RECORD

DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET

Facilities and Business Services Administration

This form is required to verify visits by the professional service contractor on the job site. Complete this form and attach it to the appropriate payment voucher for services rendered. (Authority: 1984 PA 431)

PROFESSIONAL SERVICE CONTRACTOR						DATE		
INDEX NUMBER(S)		AGENCY NUMBER		FILE NUMBER		CONTRACT NUMBER		
PROJECT NAME						<u> </u>		
DEPARTMENT/AC	GENCY							
DATE PROFESS		FESSIONAL	SSIONAL		OSE OF VISIT		SITE TIME	
						_		
FIELD REPRESEN	TATIVE OR CONTI	RACT ADMINISTRATOR			<u> </u>		DATE	
PROFESSIONAL SERVICE CONTRACTOR DATE								